



Neighborhood Crime Prevention Grant

Group Registration Form



Group/ Org Name: _____ Date: _____
Area/Community: _____ # of Members: _____ Zip Code: _____
How long has your group or org. been active? _____

List Area Boundaries / Streets

North: _____ South: _____
East: _____ West: _____
Number of houses: _____

Is your group registered as a NW through your local precinct? ☐ Yes ☐ No

If yes, do you attend your monthly NW meetings? ☐ Yes ☐ No

Are you a faith based or a non- business organization? ☐ Yes ☐ No

What is the name your group uses? ☐ Yes ☐ No

If no, please provide name. _____

Leader/President: _____
Address: _____ Address 2: _____
City: _____ State: _____ Zip: _____ Phone: _____
Email: _____

Assistant Leader/President: _____
Address: _____ Address 2: _____
City: _____ State: _____ Zip: _____ Phone: _____
Email: _____

Meeting Date(s): _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly
_____ ☐ Quarterly ☐ Annually Time: _____
_____ ☐ am
_____ ☐ pm

Phone/ Video/ Meeting location Info: _____

Have you shared your meeting dates and times with your local precinct NW Coordinator? ☐ Yes ☐ No

Which issues are your group's major problem areas? (Check all that apply) ☐ Assault ☐ Drugs ☐ Gangs ☐ High/Increased Crime ☐ Prostitution
☐ Theft/Robbery ☐ Vandalism ☐ Other (list)

I (we) affirm the above information to be correct and hereby agree to abide by the rules and guidelines of Memphis Area Neighborhood Watch / NCPG. We agree to share our group / organization meeting dates and times yearly with the local precinct and the Grant office.

_____/_____/_____
Leader / President Date Assistant Leader / President Date